

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X0000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name						Telephone Number	Date of Inspection (mm/dd/yr)  9/2/0//9  19-70			
Creekside Outpost						312 110				
Establishment Address (number and street, city, state, zip code)							7/Z	6/19	' ' ' '	
CO14 Harsfeldt in New Albert, IN 47150										
Owner						Purpose:	Follow-up Release Date			
Owner's Address  Person in Charge  Middle Williams						Routine	Summary of Violations:			
						2. Follow-up				
						3. Complaint		X: ~ ~		
						4. Pre-Operational 5. Temporary	C NC R			
										Responsible Person's E-mail
G. da in in						7. Other (list)				
Certified Food Manager						7. Other (list)	12	23	_45	
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• CRITICAI	L ITEMS AI	RE IDENTIF	IED IN THE CHEC	KLIST AND NARRATI	IVE COLUMNS M	IARKED "C"				
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Section#							To Be Corrected By			
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			No	violations.	·			<u> </u>		
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Received by (signature):						Inspected by (signature):				
Michelle RWilliams  Received by (signature):  Michelle RWilliams						an				
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